



California Rural Indian Health Board, Inc.
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Job Vacancy

Medical Billing Manager

Reports to: Health Systems Development Director
Supervises: Billing Specialist
Salary Grade: GS 12
FLSA Classification: Exempt

Position Summary:

Under the direction of the Health Systems Development Director, the Billing Manager is responsible for managing the medical billing and collection process on behalf of contracted tribal health programs. The Billing Manager is responsible for the successful performance of the Medical Billing program at CRIHB including but not limited to the following disciplines: Medical, Behavioral Health, and Dental. The Billing Manager will plan and organize onsite and remote training for billers at Indian health programs, as needed. The Billing Manager will have comprehensive knowledge of billing & coding in order to set up the program, supervise staff, answer their coding & billing questions, and develop the required compliance monitoring program.

Essential Functions:

1. Lead the establishment and management of medical billing program that will assist contracted tribal health programs throughout California.
2. Supervise all billing staff to ensure prompt collection of accounts receivable to maximize revenue and improve cash flow for Indian health programs.
3. Hold all billing staff accountable to specific measurable customer service standards and benchmark goals.
4. Ensure accurate, timely preparation and submission of billing information, posting of payments, adjustments and monitor and resolve unpaid claims. Also ensures write offs are adjusted in the EPM/EHR system.
5. Ensure the number of days patient accounts are outstanding in A/R, bad debts and credit balances are within agreed upon targets.
6. Maintains and updates procedures and billing codes and data files in EPM/EHR system. Updates fee schedules as instructed by Indian health program.
7. Prepares or supervises the preparation of billing reconciliation and re-billings arising from the reaction of third party payers to initial billings.
8. Develop department revenue cycle metrics to meet CRIHB standards and benchmarking for all stages of the billing and collection process.
9. Prepare analysis and produce reports for accounts receivable and billing department operations, senior management business intelligence, finance and compliance and fraud risk.
10. Maintain and revise department policies and ensures procedures meet medical billing and coding compliance, are current with industry standards and are followed.
11. Maintain insurance reference materials to be consistent with current contracts.
12. Responsible for developing and conducting medical billing-related training for Indian health program's billing department staff and Patient Services clinical staff.

13. Plans and organizes ongoing training program for billers.
14. Maximize opportunities in EPM/EMR to increase accuracy and efficiency of claims process.
15. Develops and improves billing module in NextGen/RPMS in coordination with EHR Team.
16. Assist in the development of insurance contracts and credentialing with third party payers.
17. Work with Patient Services to ensure that services provided at tribal health programs are reimbursable services under our contracts.
18. Manage implementation of contract changes including annual reimbursement adjustments.
19. Communicate with payers to correct inaccurate reimbursement issues in a timely manner
20. Audits, enters, and reviews data elements related to Indian Health Service reporting requirements which may or may not be reimbursement related.
21. Actively monitors codes, billing and payment related data to identify patterns that may represent non-compliance with state, federal or insurance guidelines.
22. Supports compliance programs by actively participating in documentation audits.
23. Ensures strict confidentiality of health and financial records.
24. Works with a high degree of monitoring by supervisor, compliance auditors and management.
25. Actively participate in internal quality improvement teams and work with members proactively to drive quality improvement initiatives in accordance with the mission and strategic goals of the organization, federal and state laws and regulations, and accreditation standards, when assigned.
26. At all times demonstrate cooperative behavior with supervisors, subordinates, colleagues, clients and the community.

Qualifications:

1. Bachelor's degree preferred in Finance, Accounting or Health Information Management with at least two years of billing experience and at least three (3) years supervisory experience in revenue cycle management. **OR a minimum of seven (7) years of health care billing experience**, with at least five (5) years supervisory experience in revenue cycle management.
2. Must have a High School Diploma or General Education Diploma (GED) equivalent.
3. Must have one of the following certifications: **Certified Professional Coder (CPC) or Certified Coding Specialist (CCS).**
4. Must have a **comprehensive hands-on knowledge of billing & coding** in order to set up the program, supervise staff, answer their coding & billing questions, and assist in developing the required compliance monitoring program.
5. Solid understanding of and experience in processing claims for Family PACT, **Medi-Cal**, Medicare, private insurance, and laboratory required.
6. Solid understanding and experience in conditions of participation for state and federal programs (e.g. Medicare, Medi-Cal), in provisions of State and Federal False Claims Act and the DHHS Office of Inspector General's compliance guidance.
7. **Technical knowledge, skill, and understanding of CPT-4, ICD-9-CM, CDT, and HCPCS coding system in order to acquire, interpret, and resolve problems based on information derived from system monitoring reports to be carried over to the required billing forms.**
8. Knowledge of mental health and alcohol and drug coding and billing is desirable.
9. Experience with contract interpretation and preparing reports for financial purposes.
10. Experience working with EPM/EHR systems required. RPMS or NextGen EPM/EMR a plus.
11. Committed to providing an exceptional experience in all interactions.
12. Ability to produce statistical report is required. Ability to understand and use billing metrics for business intelligence.
13. Must have strong analytical and problem solving skills.

14. Must have proficient computer skills including Microsoft Office abilities, with intermediate Excel skills.
15. Must have the willingness and ability to adapt to change including advances in technology.
16. Ability to handle multiple tasks and be highly organized and detail-oriented.
17. Ability to travel to meetings and workshops both locally and across the state.
18. Must be able to work well independently as well as a part of a team.

This position requires an awareness and keen appreciation of American Indian traditions, customs and socioeconomic needs and the ability at all times to meet and deal effectively in contacts with Indian organizations which requires tact, courtesy, discretion, resourcefulness, and good judgment in handling functions of a sensitive nature.

Preference in hiring is given to qualified American Indians in accordance with the Indian Preference Act (Title 25, U.S. Code, Sections 472 and 473). Applicants claiming Indian Preference must submit Indian verification, certified by Tribe of affiliation or other acceptable documentation of Indian heritage.

Salary Information: \$72,375.00 (35 hours a week)

Benefits: Health insurance, dental, vision, life insurance, pension plan, 401k, vacation/sick/holiday pay

Application Deadline: Open until filled

To apply online visit: <https://secure.entertimeonline.com/ta/6097022.jobs?ApplyToJob=33627329>